

Office use only:    DG15            CA09            Backup            Sig/Own            BOE #

**Kane County Board of Equalization: REQUEST FOR REVIEW**

*Please complete one form per parcel and return to Kane County Auditor, 76 N Main,*

**Kanab, UT 84741. NO LATER THAN 5:00 PM September 15, 2008. (435) 644-2458**

Owner's Name	Home Telephone Number
Street Address (mailing)	State & Zip
Agents Name	Work Telephone Number
Property Location	Serial # (Tax ID / Parcel ID)

**For Office Use**

Account # \_\_\_\_\_

Serial # \_\_\_\_\_

Date \_\_\_\_\_

Clerk \_\_\_\_\_

Property Type: Vacant Land \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Agricultural FAA \_\_\_\_\_ Other \_\_\_\_\_

**Reason for Appeal:**

- ☐ Recent sale of property (attach copy of closing document)      ☐ Recent sale of comparable properties
- ☐ Recent appraisal of subject property
- ☐ Capitalized income derived from commercial property      ☐ Other (must include sufficient detail)

**Comments**

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Additional comments may be attached.

### **Taxpayer's Rights:**

I do wish to appear before the County Board. If I do not appear before the Board I understand that a decision will be made based on the information I have provided and that I retain my right to appeal the Boards decision to the State Tax Commission if I am not satisfied. **Include your daytime telephone number above.**

**Office Use Only:**  
☐ Taxpayer issued a Board of Equalization appointment \_\_\_\_\_  
☐ Taxpayer was issued a Notice of Intent to Deny the Appeal and given 10 working days to submit additional information.

**I certify that all statements here and before the Board are true and correct to the best of my knowledge. I understand that all information submitted to the Board, and the decision of the Board are public record. If the Board is unable to make a decision prior to November 30<sup>th</sup>, I am still responsible to pay all taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1<sup>st</sup>.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ ☒ Owner ☐ Other \_\_\_\_\_

- ☐ Authorization attached (if signature is from someone other than owner)